

STATE OF TENNESSEE

Department of Safety



Application for a Handgun Carry Permit

THIS PACKET CONTAINS:

- General Information
- Application - Handgun Carry Permit
- Application Information and Instructions
- Phone Numbers of Driver License Stations

**HANDGUNS ARE NOT PERMITTED INSIDE OF
ANY DRIVERS LICENSE STATIONS.**

Making any false oral or written statement or exhibiting any false or misrepresented identification or documentation is punishable as a Felony offense pursuant to the penalties of perjury. (T.C.A. 39-16-702)

APPLICATION INFORMATION AND INSTRUCTIONS

Please type or print in black or blue ink

☐ New Applicant

☐ Duplicate

SECTION I.

Read this section carefully.

SECTION II.

The applicant's complete Social Security number is **Mandatory**.

Any Aliases: Any name(s) you are known by other than your legal name

Previous address time frames need to be filled out in the following manner:

Address a 19 b to a 19 b

For block a use the following month codes for the month of the year:

MONTH CODES

January	01	July	07
February	02	August	08
March	03	September	09
April	04	October	10
May	05	November	11
June	06	December	12

For block b use the last two digits of the year in which you lived at that address

CHANGE OF PERMITEE'S PRINCIPAL PLACE OF RESIDENCE.

A permittee will notify the Department in writing within sixty (60) days of any change in such permittee's principal place of residence and advise the department of the new address.

DATE OF BIRTH - use the month codes to fill in the month, insert date, and the year

SEX - use M for Male and F for Female

RACE - use W for White, B for Black, A for Asian, I for Indian, H for Hispanic, O for Other

HEIGHT - use feet and inches. Do not use total inches

WEIGHT - use pounds only

EYES AND HAIR - To describe color of eyes and hair, use appropriate three letter code from the list:

COLOR	CODE
Bald*	NN (Hair Only)
Black	BK (Hair Only)
Blond or Strawberry	BL (Hair Only)
Blue	BL (Eye Only)
Brown	BR
Gray or Partially Gray	GR
Green	GN (Eye Only)
Hazel	HZ (Eye Only)
Red or Auburn	RD (Hair Only)

*Bald (NN) is to be used when subject has lost most of the hair on top of his head

SECTION III.

All questions must be answered in this section and must be answered with a YES, NO, or Not Applicable.

SECTION IV.

Please read the affidavit carefully, then sign and date the application in the presence of an examiner.

In addition to the information required, the applicant shall submit proof of the successful completion of a Department approved handgun safety course within the past six (6) months. Such course must include both classroom hours and firing range hours. (Refer to the General Information page for exceptions to the firing range requirements.) This proof must be submitted at the time the completed application is submitted to the Department.

☐ Renewal

SECTION I.

Read this section carefully.

SECTION II.

The applicant's complete Social Security number is **Mandatory**.

Any Aliases: Any name(s) you are known by other than your legal name

Previous address time frames need to be filled out in the following manner:

Address a 19 b to a 19 b

For block a use the following month codes for the month of the year:

MONTH CODES

January	01	July	07
February	02	August	08
March	03	September	09
April	04	October	10
May	05	November	11
June	06	December	12

For block b use the last two digits of the year in which you lived at that address

CHANGE OF PERMITEE'S PRINCIPAL PLACE OF RESIDENCE.

A permittee will notify the Department in writing within sixty (60) days of any change in such permittee's principal place of residence and advise the department of the new address.

DATE OF BIRTH - use the month codes to fill in the month, insert date, and the year

SEX - use M for Male and F for Female

RACE - use W for White, B for Black, A for Asian, I for Indian, H for Hispanic, O for Other

HEIGHT - use feet and inches. Do not use total inches

WEIGHT - use pounds only

EYES AND HAIR - To describe color of eyes and hair, use appropriate three letter code from the list:

COLOR	CODE
Bald*	NN (Hair Only)
Black	BK (Hair Only)
Blond or Strawberry	BL (Hair Only)
Blue	BL (Eye Only)
Brown	BR
Gray or Partially Gray	GR
Green	GN (Eye Only)
Hazel	HZ (Eye Only)
Red or Auburn	RD (Hair Only)

*Bald (NN) is to be used when subject has lost most of the hair on top of his head

SECTION III.

All questions must be answered in this section and must be answered with a YES, NO, or Not Applicable.

SECTION IV.

Please read the affidavit carefully, then sign and date the application in the presence of an examiner.

Any person holding a **Valid** unexpired handgun carry permit issued on or after October 1, 1994 may request the Department to renew the permit.

The applicant shall make available the current permit received for copying purposes by the Department.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

Making any false oral or written statement or exhibiting any false or misrepresented identification or documentation is punishable as a Felony offense pursuant to the penalties of perjury. (T.C.A. 39-16-702)

Tennessee Department of Safety	DEPARTMENT USE ONLY - DCN	APPLICATION/RENEWAL HANDGUN CARRY PERMIT Please type or print in black or blue ink <input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate

Section I.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS HAVE BEEN ANSWERED, all required supporting documents, two (2) full sets of fingerprints, and applicable fees have been submitted. (See fees under General Information.)

FEES ARE NON-REFUNDABLE. THIS APPLICATION BECOMES PUBLIC RECORD UPON SUBMISSION.

Section II. See inside of front cover for instructions.				MANDATORY							
NAME LAST		FIRST		MIDDLE		Social Security or Alien Registration Number					
Any Aliases:											
You must list your addresses for the last five (5) years. (Ask for an address supplement if needed)											
Current Address		STREET		CITY		STATE		COUNTY		ZIP CODE	
Previous Address _____ 19 _____ to _____ 19 _____		STREET		CITY		STATE		COUNTY		ZIP CODE	

Telephone: Home () _____ Work () _____

Date of Birth / /	Sex	Race	Height ft in	Weight	Hair Color	Eye Color
----------------------	-----	------	-------------------	--------	------------	-----------

Section III. THE FOLLOWING ARE TO BE ANSWERED YES OR NO	
1. Are you twenty-one (21) years of age or older? (T.C.A. 39-17-1351)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you a resident of Tennessee? (Non-residents are not eligible for permitting) (T.C.A. 39-17-1351)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you been convicted of a criminal offense punishable for a term exceeding one (1) year which does not include federal or state offenses pertaining to anti-trust violations, unfair trade practices, restraints of trade or other similar offenses relating to the regulations of business practices? (T.C.A. 39-17-1351) (18 U.S.C.A. 922(g))	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you currently under indictment or information for any criminal charge punishable for a term exceeding one (1) year which does not include any federal or state offenses pertaining to anti-trust violations, unfair trade practices, restraint of trade or any other similar offenses relating to the regulations of business practices? (T.C.A. 39-17-1351)	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you a fugitive from justice? (T.C.A. 39-17-1351) (18 U.S.C.A. 922(g))	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you been discharged from the Armed Forces under dishonorable conditions? (T.C.A. 39-17-1351) (18 U.S.C.A. 922(g))	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Are you an alien illegally or unlawfully in the United States? (T.C.A. 39-17-1351) (18 U.S.C.A. 922(g))	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Having been a citizen of the United States, have you renounced your citizenship? (T.C.A. 39-17-1351) (18 U.S.C.A. 922(g))	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are you currently the subject of any order of protection or restraining order? (If so, you must provide a copy of such order.) (T.C.A. 39-17-1351) (18 U.S.C.A. 922(g))	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. (A) Are you an unlawful user of or addicted to alcohol or any controlled substance? (T.C.A. 39-17-1351) (18 U.S.C.A. 922(g))	<input type="checkbox"/> YES <input type="checkbox"/> NO
(B) Have you been a patient in a rehabilitation program or hospitalized for alcohol or controlled substance abuse or addiction within ten (10) years from date of application? (T.C.A. 39-17-1351)	<input type="checkbox"/> YES <input type="checkbox"/> NO
(C) Answer this question only if you have been convicted of Driving Under the Influence in this or any other state two (2) or more times within ten (10) years from the date of this application.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO
Have any of your convictions occurred within five (5) years from the date of application or renewal?	
11. Are you subject to a court order that restrains such person from harassing, stalking, or threatening an intimate partner of such person or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child, except that this paragraph shall only apply to a court order that: (a) was issued after a hearing of which such person received actual notice, and at which such person had the opportunity to participate; and (b)(i) includes a finding that such person presents a credible threat to the physical safety of such intimate partner or child; or (ii) by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury? (18 U.S.C.A. 922(g))	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. (A) Have you ever been adjudicated as a mental defective or have you been committed to or hospitalized in a mental institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(B) Have you had a court appoint a conservator for you by reason of a mental defect?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(C) Have you been judicially determined to be disabled by reason of mental illness, development disability or other mental incapacity? (T.C.A. 39-17-1351)	<input type="checkbox"/> YES <input type="checkbox"/> NO
(D) Have you been found by a court to pose an immediate substantial likelihood of serious harm, as defined in T.C.A. 33-6-104 because of mental illness within seven (7) years from the date of application? (T.C.A. 39-17-1351)	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Have you been convicted of a misdemeanor crime of domestic violence as defined in 18 U.S.C.A. 921 (33)? "Misdemeanor crime of domestic violence" is generally defined as any offense whether or not explicitly described in a statute as a crime of domestic violence which has, as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victim's current or former domestic partner, parent or guardian. The term "convicted" is defined as excluding anyone whose conviction has been expunged or been set aside or has received a pardon.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Are you receiving Social Security disability benefits by reason of alcohol dependence, drug dependence, or mental disability? (T.C.A. 39-17-1351)	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have you been convicted of the offense of stalking within ten (10) years from the date of application? (T.C.A. 39-17-1351)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section IV. AFFIDAVIT	
I hereby affirm under oath that the answers to the above questions are true and correct. I understand that making any false oral or written statement or exhibiting any false or misrepresented identification or documentation, with the intent to deceive, is punishable as a felony offense pursuant to the penalties of perjury. (T.C.A. 39-16-702)	
MUST BE SIGNED IN THE PRESENCE OF A DRIVER LICENSE EXAMINER.	
Applicant's Signature _____	Date: _____
Applicant's Driver License # _____	Exp.: _____
Examiner's Signature _____ Station # _____	Date: _____

GENERAL INFORMATION - Retain for your files

1. FIREARMS CARRY LAWS

It is suggested that you read and become familiar with the laws relative to weapons, any prohibiting, sales, unlawful possession and specific prohibited areas of carrying weapons. A copy of the law is found in Tennessee Code Annotated § 39-17-1301 et. seq. **HANDGUNS ARE PROHIBITED in the Driver License Stations.**

2. FEES:

INITIAL APPLICATION: Fees totaling \$115.00 must be submitted with your application.

RENEWAL APPLICATION: A fee of \$50.00 must be submitted with your application and your current permit for renewal.

DUPLICATES: A fee of \$5.00 must be submitted with your application for a duplicate.

All fees must be paid with cash or certified check, made payable to the Tennessee Department of Safety. No personal or business checks will be accepted. ***THESE FEES ARE NOT REFUNDABLE.***

3. CERTIFIED HANDGUN TRAINING DOCUMENTATION

The applicant is required to submit proof of successful completion of a department approved handgun safety course. Such course shall include both classroom hours and firing range hours. **The handgun safety course must have been taken in the previous six (6) months of making application.**

An applicant shall not be required to comply with the firing range provisions of the Handgun Safety Course, if such applicant submits proof to the department that within five (5) years from the date of application of a handgun carry permit, the applicant has (1) been certified by the peace officers standards and training commission, or (2) successfully completed training at the Law Enforcement Training Academy, or (3) successfully completed the Firearms Training Course required for armed security officers/guards registration, pursuant to T.C.A. 62-35-118(b), or (4) successfully completed all handgun training of not less than four (4) hours as required by any branch of the military.

4. APPLICATIONS

Applications will be available at all driver license stations. Once the application has been completed you must contact one of the stations for an appointment for new applicants. *(SEE LIST OF STATIONS ON BACK OF APPLICATION.)* **YOU MUST MAKE AN APPOINTMENT TO OBTAIN A HANDGUN PERMIT. INCOMPLETE APPLICATIONS CAN-NOT BE PROCESSED.**

5. BACKGROUND CHECK

Upon receipt of the application, the department will send fingerprints to the TBI and FBI for a criminal history check. The TBI will also conduct computer searches to determine the applicant's eligibility based solely upon the applicant's name, date of birth, social security number, and send the results to the department. The department will send the chief law enforcement officer of the county, in which the applicant resides, a copy of the application to provide any information within his or her knowledge concerning the truthfulness of the answers provided by the applicant on the application.

6. FINGERPRINTS

The statute requires the taking of fingerprints. The applicant is authorized to have their fingerprints taken by the local sheriff, or by the department upon submitting application. If such prints are taken by the sheriff, the applicant will submit the prints with the application and the application fee. Fingerprints taken by the sheriff must be on the Department of Safety's fingerprint card. All fingerprints will be submitted by the Department of Safety to the TBI and FBI for a criminal history check.

7. PHOTOGRAPH

Upon submitting the application, the department will photograph each applicant in a manner that is suitable for use on the permit.

8. PROCESSING

The department shall issue a permit to the applicant who has properly completed an application, according to procedures, and is not prohibited from obtaining a permit, no later than ninety (90) days after the department receives the application. If the department denies an application, the applicant will be notified in writing within ten (10) days of such denial.

9. TERM OF PERMIT

A permit to carry a handgun is valid throughout the STATE OF TENNESSEE for a period of four (4) years and shall entitle the permit holder to carry any handgun(s) which the permit holder legally owns or possesses. The permit holder shall have the permit in his/her immediate possession at all times when carrying a handgun and shall display the permit on demand of a law enforcement officer. Prior to the expiration of the permit, it will be the permit holder's responsibility to apply to the department for renewal, by submitting, under oath, a renewal application along with the appropriate fees and current handgun permit.

10. ELIGIBILITY

You are **NOT** eligible for a permit to carry a handgun if:

You do not meet the eligibility requirements under Section III of this application.

(Please refer to Section III for eligibility requirements.)

DRIVER LICENSE STATION PHONE NUMBERS

Applications for handgun permits are processed in the following counties at the designated Driver License Stations, **by appointment:**

Anderson County.....(423) 457-3958	Maury County.....(931) 380-2548
Blount County.....(423) 981-2359	Montgomery County(931) 648-5596
Bradley County.....(423) 478-0346	Putnam County.....(931) 528-5669
Coffee County.....(931) 723-5066	Roane County.....(423) 354-1257
Davidson County.....(615) 532-9780	Rutherford County.....(615) 898-8037
Dyer County.....(901) 286-8325	Shelby County.....(901) 543-7920
Hamblen County.....(423) 587-7044	Sullivan County.....(423) 279-3250
Hamilton County.....(423) 634-3127	Sumner County.....(615) 824-8437
Knox County.....(423) 594-6399	Washington County.....(423) 926-4911
Madison County.....(901) 423-6622	Williamson County.....(615) 790-5515

Once you have completed your application you must contact one of the above stations for an appointment.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

HANDGUNS ARE NOT PERMITTED IN DRIVER LICENSE STATIONS

Making any false oral or written statement or exhibiting any false or misrepresented identification or documentation, with the intent to deceive, is punishable as a felony offense pursuant to the penalties of perjury. (T.C.A. 39-16-702)